

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

01-0-8 MA

2. STATE:

New Jersey

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 U.S.C.A. 9902(2)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6-A
Pages 1, 3, 5

7. FEDERAL BUDGET IMPACT:

a. FFY 2001

\$ -0-

b. FFY 2002

\$ -0-

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT:

Increase in Eligibility Limits

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

James W. Smith, Jr.

14. TITLE:

Acting Commissioner

15. DATE SUBMITTED:

16. RETURN TO:

Division of Medical Assistance
and Health Services
P.O. Box 712
Trenton, NJ 08625-0712

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

| <u>Family Size</u> | <u>Need Standard</u> | <u>Payment Standard</u> | <u>Maximum Payment</u> <u>Amounts</u> |
|--------------------|----------------------|-------------------------|--|
| 1 | \$410 | \$185 | \$162 |
| 2 | 819 | 369 | 322 |
| 3 | 985 | 443 | 424 |
| 4 | 1,127 | 507 | 488 |
| 5 | 1,260 | 567 | 552 |
| 6 | 1,386 | 624 | 616 |
| 7 | 1,505 | 677 | 677 |
| 8 | 1,617 | 728 | 728 |

Add \$112.00 for each person Add \$50.00 for each additional person Add \$50.00 for each person

2. Pregnant Women and Infants under Section 1902(a) (10) (i) (IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level.

☒ 133 percent

☐ _____ percent (no more than 185 percent
(specify))

Family Size

1
2
3
4
5

Income Level

\$ 952
\$ 1287
\$ 1622
\$ 1957
\$ 2291

Note: The optional 185% coverage was implemented on 7/1/91.

Note: NJ had a legislative impediment to implementation of 133% coverage of pregnant women and children. That expansion was subsequently implemented effective April 1, 1991.

01-08-MA(NJ)

Supersedes 00-03

TN

01-08

Approval Date

Supersedes TN 00-03 Effective Date

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOME RELATED TO
FEDERAL POVERTY LEVELS

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902 (a) (1) (A) (ii) (IX) and 1902 (l) (2) of the Act are as follows:

Based on 185% percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent)

| <u>Family Size</u> | <u>Income Level</u> |
|--------------------|---------------------|
| <u>1</u> | <u>\$ 1325</u> |
| <u>2</u> | <u>\$ 1790</u> |
| <u>3</u> | <u>\$ 2256</u> |
| <u>4</u> | <u>\$ 2721</u> |
| <u>5</u> | <u>\$ 3187</u> |

01-08-MA(NJ)

Supersedes 00-03

TN 01-08

Supersedes TN 00-03 Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged, Blind and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902 (m) (4) of the Act are as follows:

Based on 100 percent of the official Federal income poverty line.

| <u>Family Size</u> | <u>Income Level</u> |
|--------------------|---------------------|
| <u>1</u> | \$ <u>716</u> |
| <u>2</u> | \$ <u>968</u> |

01-08-MA(NJ)

Supersedes 00-03

TN 01-08 Approved by
Supersedes TN 00-03 Effective Date